

WITS – Admission

1. First Name (or initial)		2. Last Name (or initial)		3. Gender		4. DOB		5. SSN (all or last four)		
				01 Male 02 Female						
6. Consent Decree Member		7. Ethnicity		8. Race		9. Veteran Status		10. Intake Facility		
Yes No		<input type="radio"/> Not of Hispanic Origin <input type="radio"/> Puerto Rican <input type="radio"/> Mexican <input type="radio"/> Cuban <input type="radio"/> Other Specific Hispanic <input type="radio"/> Hispanic Specific Origin not specified		01 White 02 Black/African American 03 American Indian/Alaskan Native 04 Asian 05 Native Hawaiian/Pacific Islander 99 Other		01 Yes 02 No		Location (In WITS the location is tied to the federal ID, by selecting the correct facility the data for this record will be linked to your federal ID #)		
11 Intake Staff	12 County		13. Referral	14. Initial Contact Date	16. Pregnant (If Female)	19. HIV Positive	21. Injection Drug Use	23. Problem Area		
Counselor Doing Intake for Client	<input type="radio"/> Androscoggin <input type="radio"/> Aroostook <input type="radio"/> Cumberland <input type="radio"/> Franklin <input type="radio"/> Hancock <input type="radio"/> Kennebec <input type="radio"/> Knox <input type="radio"/> Lincoln <input type="radio"/> Oxford <input type="radio"/> Penobscot		<input type="radio"/> Piscataquis <input type="radio"/> Sagadahoc <input type="radio"/> Somerset <input type="radio"/> Waldo <input type="radio"/> Washington <input type="radio"/> York <input type="radio"/> Out of State <input type="radio"/> Out of Country	Types listed on back of form	_____ / ____ / ____	<input type="radio"/> Yes <input type="radio"/> No	Yes No Unknown	Never In Last 6 MOS In Last 5 YRS Prior to Last 5 YRS	Sub Abuse Affected. Other Eval only	
					15. Intake Date	17. If Yes, Due Date (ball park is ok)	20. Hep C Positive	22. If IDU, Did client share needles past year	24. Admission Type	
					_____ / ____ / ____	18. Prenatal Tx (if Pregnant)				
					_____ / ____ / ____	<input type="radio"/> Yes <input type="radio"/> No				
25. Admission Staff		26. Admission Date	27. Affected/Co-dependent	28. # Prior SA Tx Adms	29. # MH Tx Adms past 12 MOS	30. # MH hospitalization past 2 yrs	31. MH/MR Diagnosis			
This is the counselor on staff who will be treating the client		_____ / ____ / ____	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	Mental Illness Mental Retardation None			
32. Education Level	33. Domestic Violence Survivor	34. # Medical Treatments past 12 mo. at these locations	35. # of time attended Self Help Programs Prior 30 Days	36. # times gambled in Lifetime	38. Has the money or time spent gambling led to problems financially, w/family, work, school, personal life	39. Employment Status		40. Primary Income Source		
_____	<input type="radio"/> Yes <input type="radio"/> No	___Physician/Clinic ___ER ___Hospital Inpatient ___Other Medical Tx	<input type="radio"/> None <input type="radio"/> 1-3 times <input type="radio"/> 4-7 times <input type="radio"/> 8-15 times <input type="radio"/> 16-30 times <input type="radio"/> Some attendance, Freq Unknown	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-9 <input type="radio"/> 10-19 <input type="radio"/> 20-39 <input type="radio"/> 40 or more	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Full Time (35 hrs or more) <input type="radio"/> Part Time (17-34 hrs) <input type="radio"/> Irregular (< 17 hrs) <input type="radio"/> Unemployed (Has sought work) <input type="radio"/> Unemployed (Hasn't sought work) <input type="radio"/> Not in Labor Force <input type="radio"/> Full Time Volunteer <input type="radio"/> Part Time Volunteer <input type="radio"/> Irregular Volunteer		Types listed on Back of form		
41. Expected Payment Source	42. Insurance Type	43. Living Arrangements	44. Marital Status	45. # Dependents by Age Group	46. Where are children while client in Tx (if applicable)	47. Substance (Opiates, Benzo's, Alcohol, Stimulants)		48. Frequency		
Types listed on Back of form	Private Insurance Blue Cross/Blue Shield Medicare Mainecare Medicaid HMO Other None	Independent, Alone Independent, Living w Others Dependent Living Homeless Local Jail State Corrections	<input type="radio"/> Never Married <input type="radio"/> Married/Partnered <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed	_____ 0-12 MOS _____ 13-35 MOS _____ 3-5 YRS _____ 6-12 YRS _____ 13-17 YRS	With Client Spouse/parent Grandparents/Relatives Friends Babysitter Foster Care Other	Primary Secondary Tertiary		Primary Secondary Tertiary		
49. Primary Method (Route)	50. Secondary Method	51. Tertiary Method	52-54 Detailed Drug Codes	55-57 Age(s) of 1 st Use	58. Medication Assisted Tx?	59. Does client currently use tobacco?		61. If tobacco YES – Frequency/Amount		
Oral Smoking Inhalation Injection Other	Oral Smoking Inhalation Injection Other	Oral Smoking Inhalation Injection Other	52. Primary	Primary Age _____	NO Methadone Buprenorphine/Suboxone Subutex Campral Naltrexone Vivitrol Antabuse	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> ½ pack/can a day <input type="radio"/> 1 pack/can a day <input type="radio"/> 1 ½ packs/cans a day <input type="radio"/> 2 packs/cans a day <input type="radio"/> More than 2 packs/cans a day		
			53. Secondary	Secondary Age _____		60. If tobacco YES Age of 1 st use				
			54. Tertiary	Tertiary Age _____						
62. If Tobacco YES – Route (Method)	63. Legal Status (can pick more than one)	64. Domestic Violence Offender	65. # Arrests past 12 MOS	67. # OUI Arrests past 12 Mos	68. Client using Tx/Evaluation to satisfy DEEP?	70. Program Name (Level of Care: such as IOP, etc.)	71. Program Staff	72. Start Date (1 st Tx Date)		
Oral Smoking Inhalation Injection Other	No Legal Involvement Probation/Parole Furloughed Awaiting Court Serving Sentence/Jail Prison Formal Adjudication Driver's License revocation (Not DEEP involved) Other	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> AO	69. If DEEP – Yes DEEP Status First Offender Multiple Offender Youthful Offender	(same as admission staff)	_____ / ____ / ____		
			66. # Arrests past 30 days	_____						

Answer values not listed on the front page

7/15/15

13. Referral	47 & 52.-54. (Detailed Drug Codes)	48. Frequency
01 - Self 02 - Family Member 03 - Employer 04 - Substance Abuse Professional – (Private Practice) 05 - Substance Abuse Agency 06 - Physician (Non-Substance Abuse Specialist) 07 - Other Professional (Non-Substance Abuse Specialist) 08 - DEEP (Driver Education/Evaluation Program) 09 - Adult Protective Services, DHHS 10 - Child Protective Services, DHHS 11 - Substitute Care Services, DHHS 12 - Probation/Parole, State of Maine 13 - Correctional Facility, State of Maine 14 - County Jails 15 - Augusta/Bangor Mental Health Institute 16 - Mental Health Agency 17 - Friend 18 - EAP 19 - SAP 20 - State/Federal Court 21 - Formal Adjudication Process 22 - Self-Help Group 23 - Hospital 24 - School 25 - AIDS Outreach Worker 26 - Community Probation, DSAT 27 - Drug Court, DSAT 28 - Network/JASAE 29 - Juvenile Drug Court 30 - Physician/PMP 31 - Hospital/PMP 99 – Other	01-Alcohol 0100 Alcohol 02-Marijuana 0200 Marijuana 0250 Synthetic Cannabis (K2/Spice) 03-Cocaine/Crack 0301 Cocaine 0302 Crack 04-Heroin/Morphine 0400 Heroin/Morphine 05-Methadone/Buprenorphine 0500 Methadone 0550 Buprenorphine/Suboxone/Subutex 06-Other Opiates and Synthetics 0601 Codeine 0602 D-Propoxyphene 0603 Oxycodone (Percodan) 0604 Oxycotin 0605 Meperidine HCL 0606 Hydromorphone 0607 Other Narcotic Analgesics 0608 Pentazocine 07-PCP 0700 PCP or PCP Combination 08-Other Hallucinogens 0801 LSD 0802 Other Hallucinogens 09-Methamphetamine/Speed 0900 Methamphetamine/Speed 10-Other Amphetamines 1001 Amphetamine 1002 Methylphenidate (Ritalin) 1003 Methylenedioxymethamphetamine (MDMA, Ecstasy) 11-Other Stimulants 1100 Other Stimulants 1809 Bath Salts 12-Benzodiazepines 1201 Alprazolam (Xanax) 1202 Chlordiazepoxide (Librium) 1203 Clorazpate (Tranzone) 1204 Diazepam (Valium) 1205 Flurazepam (Dalmaine) 1206 Lorazepam (Ativan) 1207 Triazolam (Halcoin) 1208 Other Benzodiazepine 13-Other Tranquilizers 1301 Meprobarbate (Miltown) 1302 Other Tranquilizers 14-Barbiturates 1401 Phenobarbital 1402 Secobarbital/Amobarbital (Tuinal) 1403 Secobarbital (Seconal) 15-Other Sedatives and Hypnotics 1501 Ethchlorvynol (Placidyl) 1502 Glutethimide (Doriden) 1503 Methaqualone 1504 Other Non-Barbiturate Sedatives 1505 Other Sedatives 1506 Flunitrazepam (Rohypnol) 1507 GHB/GBL 1508 Ketamine (Special K) 1509 Clonazepam (Klonopin, Rivotril) 16-Inhalants 1601 Aerosols 1602 Nitrites 1603 Other Inhalants 1604 Solvents 1605 Anesthetics 17-Over the Counter 1700 Over the counter, General 1701 Diphenhydramine (Benadryl) 18-Other 1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin) 1802 Other Drugs	00 –Not Applicable 02 –No use past month 03 –Once in Last 30 days 04 -2-3 days per month 05 –Once per week 06 -2-3 days per week 07 -4-6 days per week 08 –daily 98 –Not-Collected 99 –Affected Other/Co-Dependent
40. Primary Income Source		
00 – None 01 – Wages/Salary 02 – Retirement 03 – Alimony 04 – Food Stamps 05 – TANF 06 – SSI, 07 – Disability, Other 08 – Town Welfare 09 – Child Support 10 – Unemployment Benefits 11 – Social Security 12 – Dealing Drugs 13 – Workers Compensation 99 – Other/Investments		
41. Expected Payment Source		70. Program Name
01 - SAMHS (OSA) 02 - Human Services (other than Child, Adult protective) 03 - Corrections 04 - Human Services (Adult or Child Protective) 05 - Self Pay 06 - MaineCare (Medicaid) 07 - Medicare 08 - Blue Cross/Blue Shield 09 - HMO 10 - Other Private Health Insurance 11 - Town Assistance 12 - Workers' Compensation 13 - Veterans' Administration 99 - Other		REHABILITATION / RESIDENTIAL 03 Hospital (Other than Detoxification) 04 Short Term (30 Days or Less) 05 Extended Care 06 Halfway House 15 Adolescent Res. Rehab. 44 Consumer Run Residence AMBULATORY 08 Non-Intensive Outpatient 11 Intensive Outpatient 12 Detoxification 13 Evaluation 18 Adolescent Outpatient 38 Adolescent Intensive Outpatient 40 Opioid Replacement Therapy